

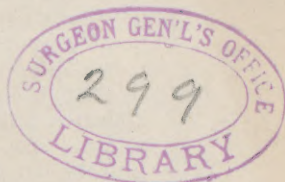
Porcher (F. P.)

CORRECT DIAGNOSIS OF A RARE CASE OF EMPHYSEMA
OF THE LUNG—WITH PNEUMO-THORAX; WITH
AN AUTOPSY.

[Illustrated by a Photograph.]

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Thos. Carey, aged 65, entered the City Hospital, September, 1880. Upon careful auscultation and percussion, we discovered, with prolonged expiration, unusual resonance over the left lung. There was also a hollow liquid resonance upon percussion over the stomach, which was continuous with the tympanitic sounds in the left thoracic cavity. There was marked dullness over the right lung.

Diagnosis—Emphysema of left lung and pneumo-thorax, tubercle of left lung, and dilatation of the stomach.

At the autopsy, October 6th, made by Dr. J. L. Thompson, the House Physician, my son, W. Peyre Porcher, being present, the diagnosis was so thoroughly sustained that we must record the case. The left lung was adherent to the walls of the chest by one or two attachments, and a large vacant space filled with air existed between the layers of the pleura. But we wish to invite attention to the unusual and extraordinary signs of emphysema—never before seen to such a degree in any of the numerous autopsies made by us in the past thirty years. There was not only coalescence of the air vesicles in several portions of

this lung, existing in the form of little bags of air, but fringing the margins of the lung were large bullæ, or sacks of air, protruding from the lung tissue. One of these was two by three inches in diameter, and by passing a ligature around its base (which caused the disfigurement of the lung in the photograph) we were enabled to preserve the enclosed bladder, filled with air, as a pathological specimen. The right lung was adherent and filled with cheesy tubercle, containing calcareous concretions. The contrast between the two lungs was very great: the left emphysematous, soft and crepitating under the fingers, whilst the right was adherent, hard and granular—gaping open when cut. Cavities existed in both lungs.

With regard to the stomach: We had often noticed that the physical signs upon percussion of the stomach when it contains a notable quantity of air is what we designate as a "liquid resonance"—unlike the normal resonance of healthy lung tissue. In this case the stomach was almost protruding from the cavity of the abdomen when opened; the organ was filled with air, was of unusual size, and, displacing the diaphragm, it extended up high into the left thorax.

In this respect, also, the diagnosis was exact.